

See "Instructions for Filling out the Work Permit" contained in the Work Planning and Control for Experiments and Operations Subject Area.

**1. Work request WCC fills out this section.**
☐ Standing Work Permit

Requester: P. Gianotti	Date: 10/18/2016	Ext.: 3815	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Carter Biggs			Ext.: 7515
Work Control Coordinator: C. Biggs		Start Date: 10/25/2016	Est. End Date: 12/31/2017
Brief Description of Work: Disassemble East Carriage (EC) & West Carriage (WC) base and towers and remove from AH to scrap			
Building: 1008	Room: AH	Equipment: Carriage EC Base and Towers	Service Provider: PHENIX, BNL riggers and BNL welders

**2. WCC, Requester/Designee, Service Provider, and ESSH (as necessary) fill out this section or attach analysis**

<b>ESSH ANALYSIS</b>							
<b>Radiation Concerns</b>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination	<input type="checkbox"/> Radiation	<input type="checkbox"/> NORM	<input type="checkbox"/> Other
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group				<input type="checkbox"/> Fissionable/Radiological materials involved, notify Laboratory Nuclear Safety Officer			
<b>Radiation Generating Devices:</b>	<input type="checkbox"/> Radiography		<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges		<input type="checkbox"/> X-ray Equipment	
<b>Safety and Security Concerns</b>	<input type="checkbox"/> None		<input type="checkbox"/> Explosives	<input type="checkbox"/> Transport of Haz/Rad Material		<input type="checkbox"/> Pressurized Systems	
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Magnetic Fields*	<input type="checkbox"/> Railroad Work			
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*	<input checked="" type="checkbox"/> Rigging			
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Noise*	<input type="checkbox"/> Silica*			
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Elevated Work	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Non-ionizing Radiation*	<input type="checkbox"/> Security Concerns			
<input type="checkbox"/> Chemicals/Corrosives*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lead*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> Suspect/Counterfeit Items			
<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Ergonomics*	<input checked="" type="checkbox"/> Material Handling	<input type="checkbox"/> Penetrating Fire Walls	<input type="checkbox"/> Vacuum			
Ladder Access Required: <input checked="" type="checkbox"/> Portable Ladder <input type="checkbox"/> Fixed Ladder- Status/Restrictions:							
* Safety Health Rep. Review Required				<input type="checkbox"/> Haz, Rad, Bio Material Exceed DOE 151.1-C Levels - Contact OEM		<input type="checkbox"/> Other	
<b>Environmental Concerns</b>				<input type="checkbox"/> None			
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad/GHG)				<input type="checkbox"/> Land Use Institutional Controls		<input type="checkbox"/> Soil Activation/contamination	
<input type="checkbox"/> Chemical or Rad Material Storage or Use				<input type="checkbox"/> Liquid Discharges		<input type="checkbox"/> Waste-Clean	
<input type="checkbox"/> Cesspools (UIC)				<input type="checkbox"/> PCB Management		<input type="checkbox"/> Waste-Hazardous	
<input type="checkbox"/> High water/power consumption				<input type="checkbox"/> Spill potential		<input type="checkbox"/> Waste-Industrial	
Waste disposition by:				<input type="checkbox"/> Other			
Pollution Prevention (P2)/Waste Minimization Opportunity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Environmental Preferable Products Available: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>FACILITY CONCERNS</b>				<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Access/Egress Limitations				<input type="checkbox"/> Intermittent Energy Release			
<input type="checkbox"/> Credited Controls (Use USI Process)				<input type="checkbox"/> Electrical Noise			
<input type="checkbox"/> Configuration Management				<input type="checkbox"/> Potential to Cause a False Alarm			
<input type="checkbox"/> Impacts Facility Use Agreement				<input type="checkbox"/> Temperature Change			
<input type="checkbox"/> Maintenance Work on Ventilation Systems				<input type="checkbox"/> Utility Interruptions			
<input type="checkbox"/> Vibrations				<input type="checkbox"/> Other			
<b>WORK CONTROLS</b>							
<b>Work Practices</b>							
<input type="checkbox"/> None		<input type="checkbox"/> Exhaust Ventilation		<input checked="" type="checkbox"/> Lockout/Tagout		<input type="checkbox"/> Spill Containment	
<input checked="" type="checkbox"/> Back-up Person/Watch		<input checked="" type="checkbox"/> HP Coverage		<input type="checkbox"/> Posting/Warning Signs		<input type="checkbox"/> Time Limitation	
<input type="checkbox"/> Barricades		<input type="checkbox"/> IH Survey		<input type="checkbox"/> Scaffolding-requires inspection		<input type="checkbox"/> Warning Alarm (i.e. "high level")	
						<input type="checkbox"/> Electrical Inspection Required	
<b>Personal Protective Equipment</b>							
<input type="checkbox"/> None		<input type="checkbox"/> Ear Plugs		<input checked="" type="checkbox"/> Gloves, as necessary		<input type="checkbox"/> Lab Coat	
<input type="checkbox"/> Coveralls		<input type="checkbox"/> Ear Muffs		<input type="checkbox"/> Goggles		<input type="checkbox"/> Respirator*	
<input type="checkbox"/> Disposable Clothing		<input type="checkbox"/> Face Shield		<input checked="" type="checkbox"/> Hard Hat, when Crane used		<input type="checkbox"/> Shoe Covers	
						<input checked="" type="checkbox"/> Safety Shoes, as req'd	
						<input type="checkbox"/> High visibility cloths/vest	
						<input type="checkbox"/> Other	
<b>Permits Required (Permits must be valid when job is scheduled.)</b>							
<input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Cutting/Welding		<input type="checkbox"/> Impair Fire Protection Systems			
<input type="checkbox"/> Concrete/Masonry Penetration		<input type="checkbox"/> Digging/Core Drilling		<input type="checkbox"/> Rad Work Permit-RWP No			
<input type="checkbox"/> Confined Space Entry		<input type="checkbox"/> Electrical Working Hot		<input type="checkbox"/> Other			
<b>Dosimetry/Monitoring</b>							
<input checked="" type="checkbox"/> None		<input type="checkbox"/> Heat Stress Monitor		<input type="checkbox"/> Real Time Monitor		<input type="checkbox"/> TLD	
<input type="checkbox"/> Air Effluent		<input type="checkbox"/> Noise Survey/Dosimeter		<input type="checkbox"/> Self-reading Pencil Dosimeter		<input type="checkbox"/> Waste Characterization	
<input type="checkbox"/> Ground Water		<input type="checkbox"/> O <sub>2</sub> /Combustible Gas		<input type="checkbox"/> Self-reading Digital Dosimeter		<input type="checkbox"/> Other	
<input type="checkbox"/> Liquid Effluent		<input type="checkbox"/> Passive Vapor Monitor		<input type="checkbox"/> Sorbent Tube/Filter Pump			
<b>Training Requirements (List specific training requirements)</b>							
Skill appropriate training for welders cutting towers from base, PHENIX Awareness or equiv., CA Access or equiv.							
<b>Work screening has identified the following as the reason for permitted work:</b>				<b>When work is categorized as worker planned work and a permit is used only the following signatures are required: ( Although allowed, there is no need to use back of form)</b>			
<input checked="" type="checkbox"/> ESSH				WCC: _____ Date: _____			
<input type="checkbox"/> Complexity				Service Provider: _____ Date: _____			
<input checked="" type="checkbox"/> Work Coordination				Authorization to start: _____ Date: _____			
<input type="checkbox"/> Permit Not Required (Sections 3 through 7 optional)				(Department/Division, or their equivalent, Sup/WCC/Designee)			

### 3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

**Work Plan** (procedures, timing, equipment, scheduling, coordination, notifications, and personnel availability need to be addressed in adequate detail): East Carriage (EC) disassembly of carriage towers from base is necessary to reduce size and weight of components to weights that can be handled by the PHENIX 40 ton AH crane. This WP applies to both the EC and WC, which are essentially identical, when stripped. See attached description of work. Note: Please refer to Work Permit #SDD-2016-003 for details on removing detector components, electronics and utilities to strip the EC/WC down to just the base and towers.

Note: the procedure is the same for the EC and WC.

Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring)  
None

Notifications to operations and Operational Limits Requirements:

Post Work Testing, Notification or Documentation Required:

Job Safety Analysis Required: ☐ Yes ☐ No

Review Done: ☐ in series ☐ team

**Reviewed by:** \* Primary Reviewer signature (not required for Worker Planned Work) means that the Review Team members were appropriate for the work that was planned, the Team visited the job site, hazards and risks that could impact ESSH have been considered and controls established according to BNL requirements. In addition, this signature indicates that applicable JRAs, FRAs, as well as other planning documents have been reviewed and training requirements have been identified and recorded on this permit.

Title	Name (print)	Signature	Life #	Date
ES&H Professional				
F&O Facility Project Manager				
Service Provider				
Work Control Coordinator				
Safety Health Representative				
Research Space Manager				
Other				
Other				
Required Walkdown Completed				
*Primary Reviewer				

### 4. Job site personnel (Supervisor and workers) fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments) and all training required for this permit is current/complete. Job Supervisor/Contractor Supervisor signatures also includes verification that worker training required for this permit is current/complete.

Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:

Workers are encouraged to provide feedback on ESSH concerns or on ideas for improved job work flow. Use feedback form or space below.

### 5. Department/Division, or their equivalent, Line Manager or Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name:	Signature:	Life#:	Date:
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### 6. Worker provides feedback.

**Worker Feedback (use attached sheets as necessary)**

a) WCM/WCC: Are there any changes as a result of worker feedback? ☐ Yes ☐ No

Note: See Work Planning and Control for Experiments and Operations Subject Area section 2.6.

**7. Post Job Review/Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of job site to work supervisor.)** The WCC ensures that the change process to update drawings, placards, postings, procedures, etc., is initiated, if necessary.

Name:	Signature:	Life#:	Date:
Comments:			

## **Disassembly of the PHENIX East and West Carriages (EC and WC)**

### **Introduction**

The PHENIX Collaboration will remove and repurpose all components comprising the PHENIX East and West Carriages (“EC” and “WC”) during the 2016 PHENIX Removal and Repurposing (R&R) shutdown after run 16 for the EC and after run 17 for the WC. Prior to commencing the procedures described herein all detector subsystems, subsystem services, racks, platforms, cable trays, bolted on structural supports and all other items mounted on the EC/WC shall have been removed and repurposed (“R&R”) in accordance with work plans SDD-2016-003 (EC) and SDD-2016-015 (WC) and individual workplans where required for individual subsystem R&R. This document describes the work plan to disassemble and dispose of the remaining portions of the carriages after completion of the above referenced workplans, namely the welded carriage base-arm-tower structures for the EC and WC and the Hillman roller sets (4 each) on which the carriages are supported.

### **Disassembly Procedures**

### **References**

### **Drawings**

RD002-0501-145-B                      Phenix Detector Carriage Base-Arms Assy

RD002-0501-103-A                      Phenix Detector Carriage Tower, Left, Weldment

(NOTE: Right tower is mirror of left tower)

### **Removal of Towers**

Notes:

- Refer to the attached diagrams as necessary for the following steps
- Details of lifting and cutting tasks not fully described below are considered worker planned work for the bargaining unit personnel assigned to these tasks. These details are to be discussed and agreed upon during the pre-work reviews to be conducted as steps 1 and 2 below. Should additional written documentation be deemed necessary at that time, such documentation shall be generated and appended to this work permit.

- This procedure applies equally to the EC and WC disassembly. Any lessons learned during the disassembly of the EC should be incorporated into this work permit prior to commencing the WC disassembly. The EC disassembly is expected to take place in early fall 2016 (FY2017Q1) The WC disassembly is expected to take place approximately one year later (FY2018Q1).
1. Review cutting procedure with BNL welders
  2. Review lifting procedure with BNL riggers
  3. Drill and tap 4 1-8 UNC holes at the positions indicated on the attached tower lifting point diagram for both towers.
  4. Attach swivel eyes, shackles and slings to the PHENIX AH 40 ton crane.
  5. Position the crane directly above the cg of the tower to be removed and take all slack off of slings until they are just slightly loaded
  6. Attach torch cutting equipment and cut along the indicated lines on the tower
  7. Once the torch cutting has severed the tower from the base lift it off and lay it on flat bed truck to be removed to its disposition area (to be determined by PHENIX R&R manager)
  8. Repeat steps 4 thru 7 for the second tower
  9. Attach 4 slings to 4 corners of remaining base and position crane directly above the cg of the remaining base and arm weldment and remove slack from slings
  10. Unbolt the Hillman Rollers from the base
  11. Lift the base off of the rollers and lay it on flat bed truck to be removed to its disposition area (to be determined by PHENIX R&R manager)

(Note: Additional cutting of towers and or base beyond that described above may be required for ultimate disposition. Such additional work shall be planned separately.)

### **Work Permit Closeout**

After completion of all work described above, those involved in the coordination and implementation of the work described shall provide appropriate feedback on the effectiveness of the work procedures described herein, any lessons learned during this work effort and any other relevant information that could be useful to refer to when performing similar work in the future. Such feedback will be documented in the closeout section of this work permit and/or on separate sheets attached hereto.

## **East Carriage Tower Lifting Plan**

**Location:** Building 1008

**Total Weight of Lift:** Approx. 19,662lbs

**Description of Material Being Lifted:**

East Carriage Arm is composed of:

Welded Steel Plates

**Dimensions:** See Attached Drawing

**Center of Gravity:** See Attached Drawing

**Equipment List:**

4X 12' Synthetic Slings (10,000lb Rating) minimum

4X 1" Hoist Rings (10,000lb Rating) minimum

4X 1" Shackles (17000lb Rating) minimum

**Description of Lift:**

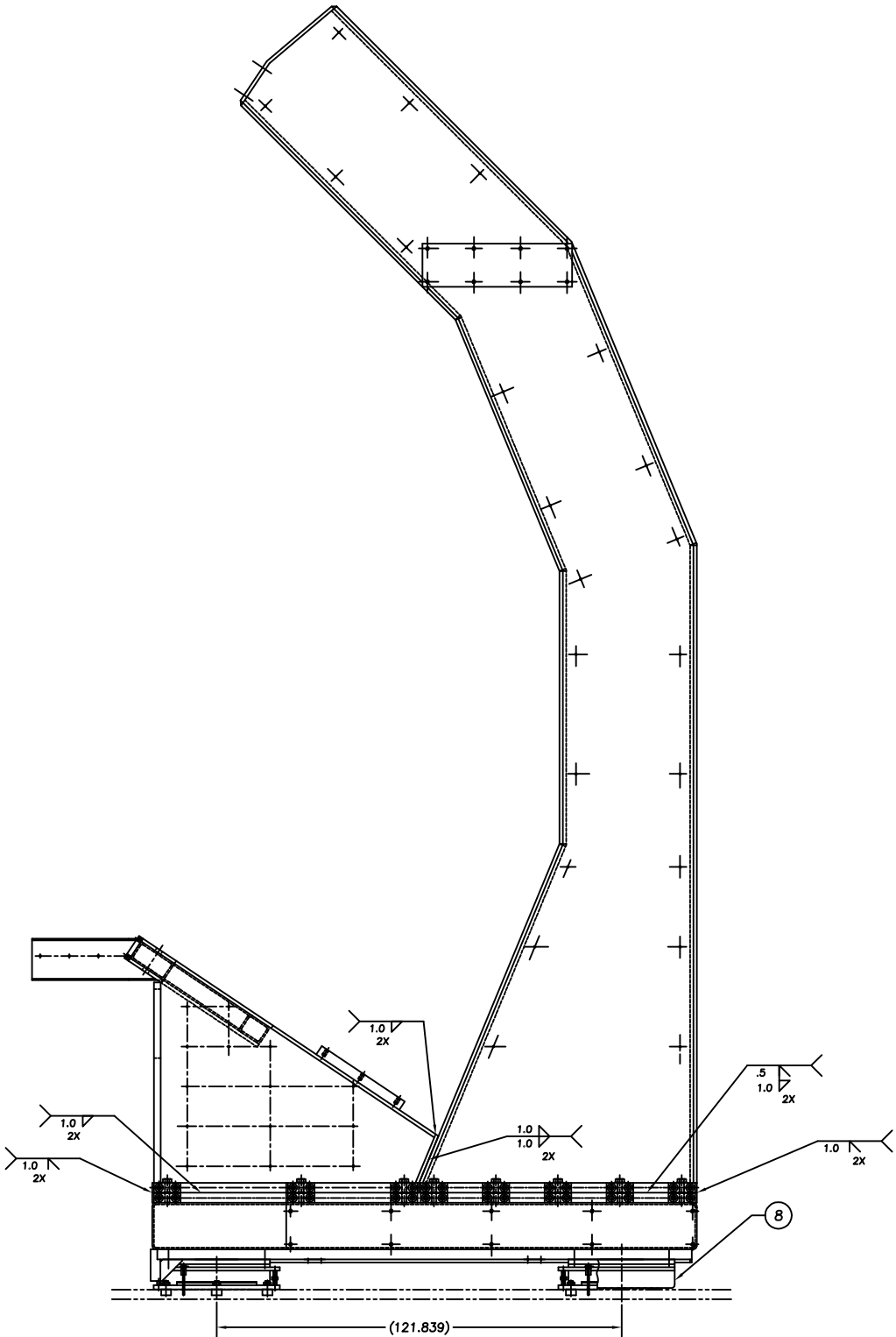
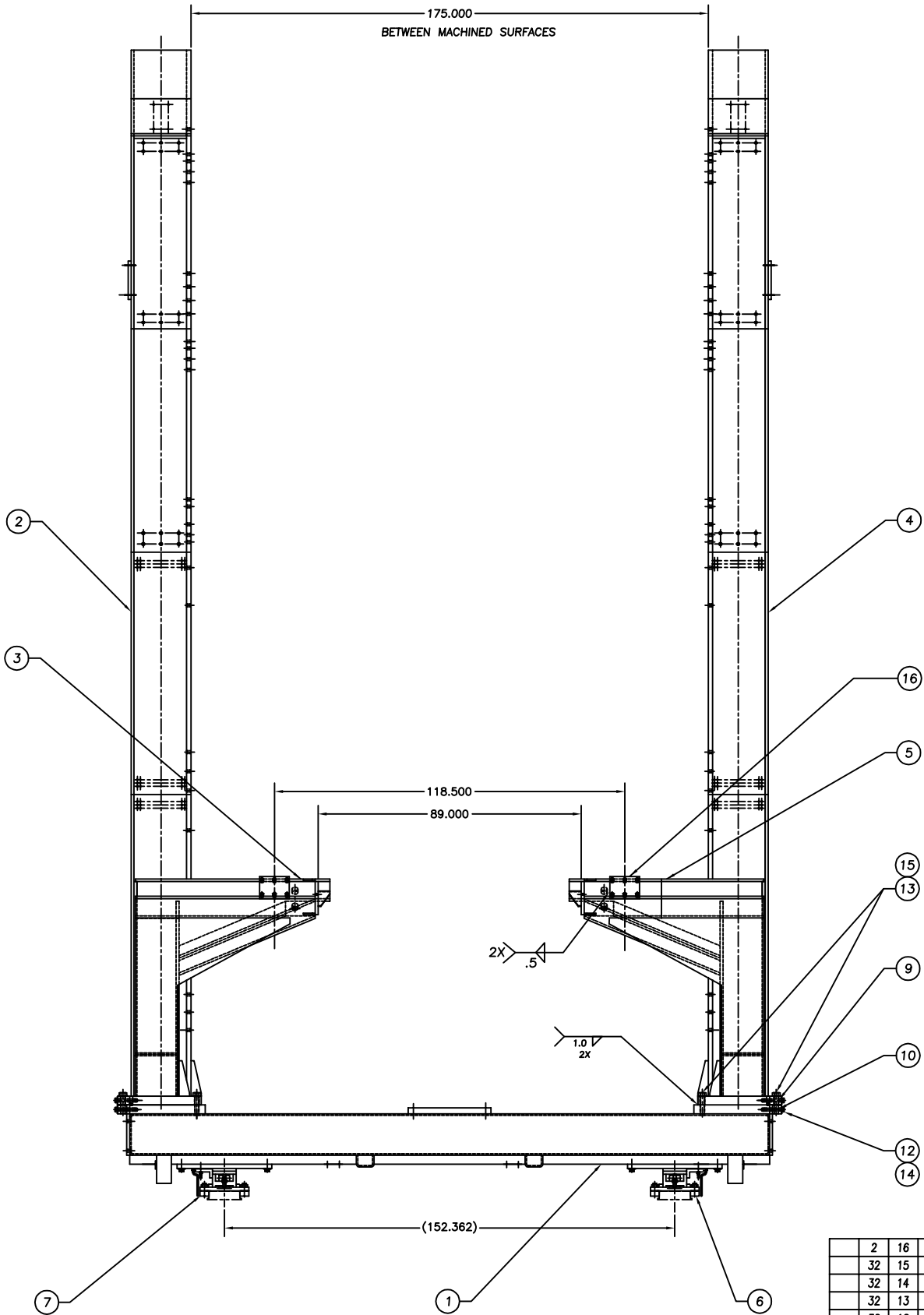
See Attached "Disassembly of the PHENIX East and West Carriages (EC and WC)"

**All lifting operations must be conducted in accordance with ANSI standards and the DOE and OSHA requirements.**



NOTES:  
1. REMOVE CLAMPS (ITEMS # 9 & 10) AFTER WELDING AND FINISH WELDING ALL AROUND.

REVISIONS					
REV	ZONE	ECN NO.	DESCRIPTION	BY	DATE
A			INITIAL RELEASE		
B		0501-005	ADDED RICH MOUNT PLATES	RR	9/2/98

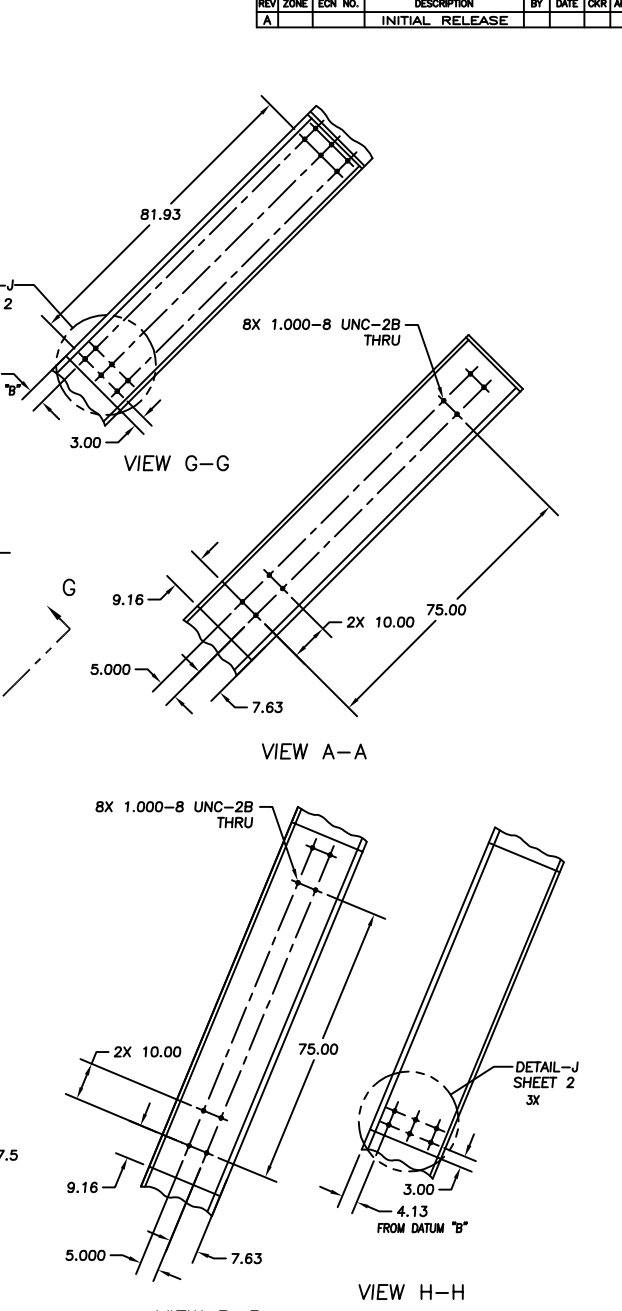
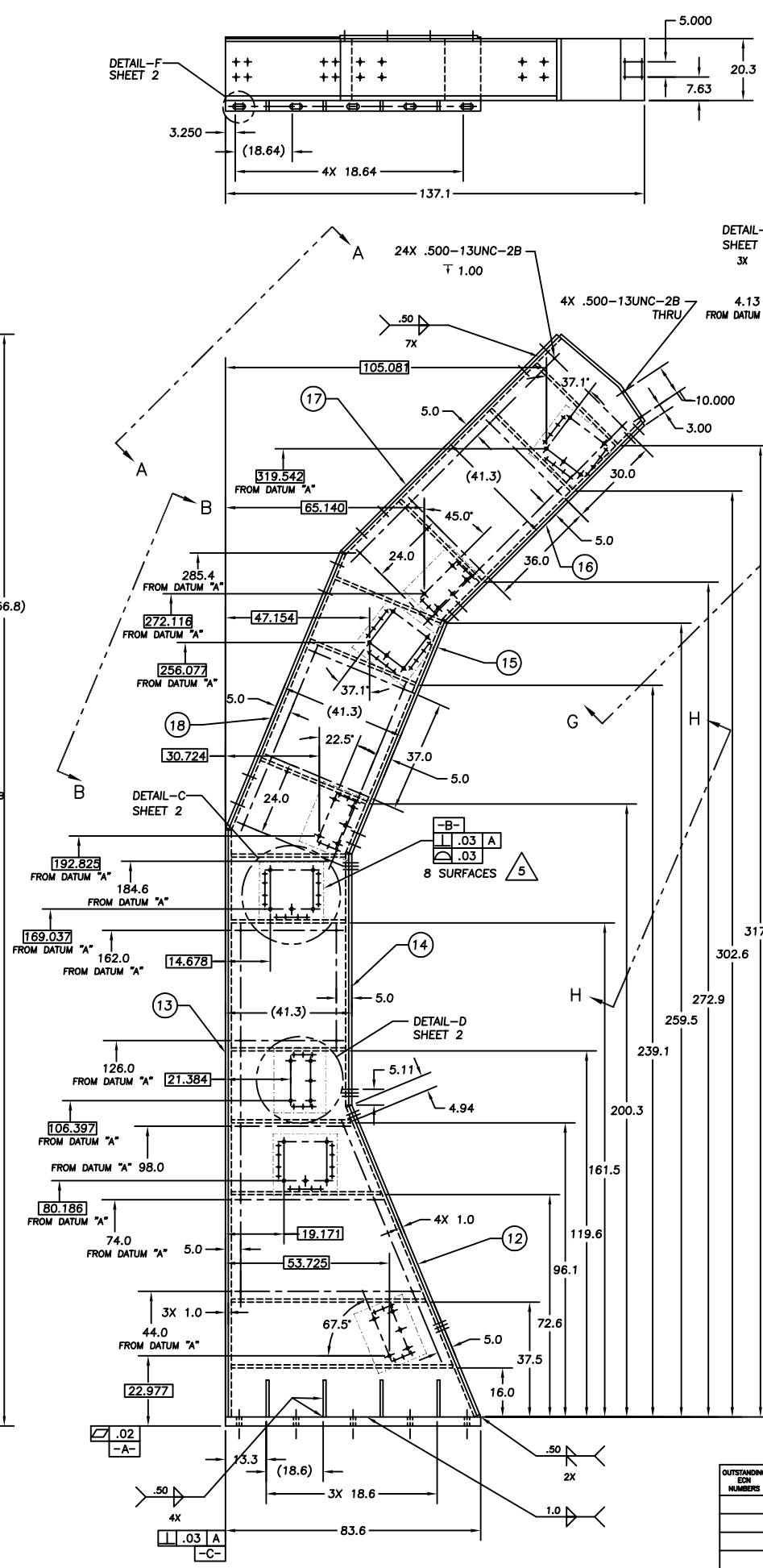
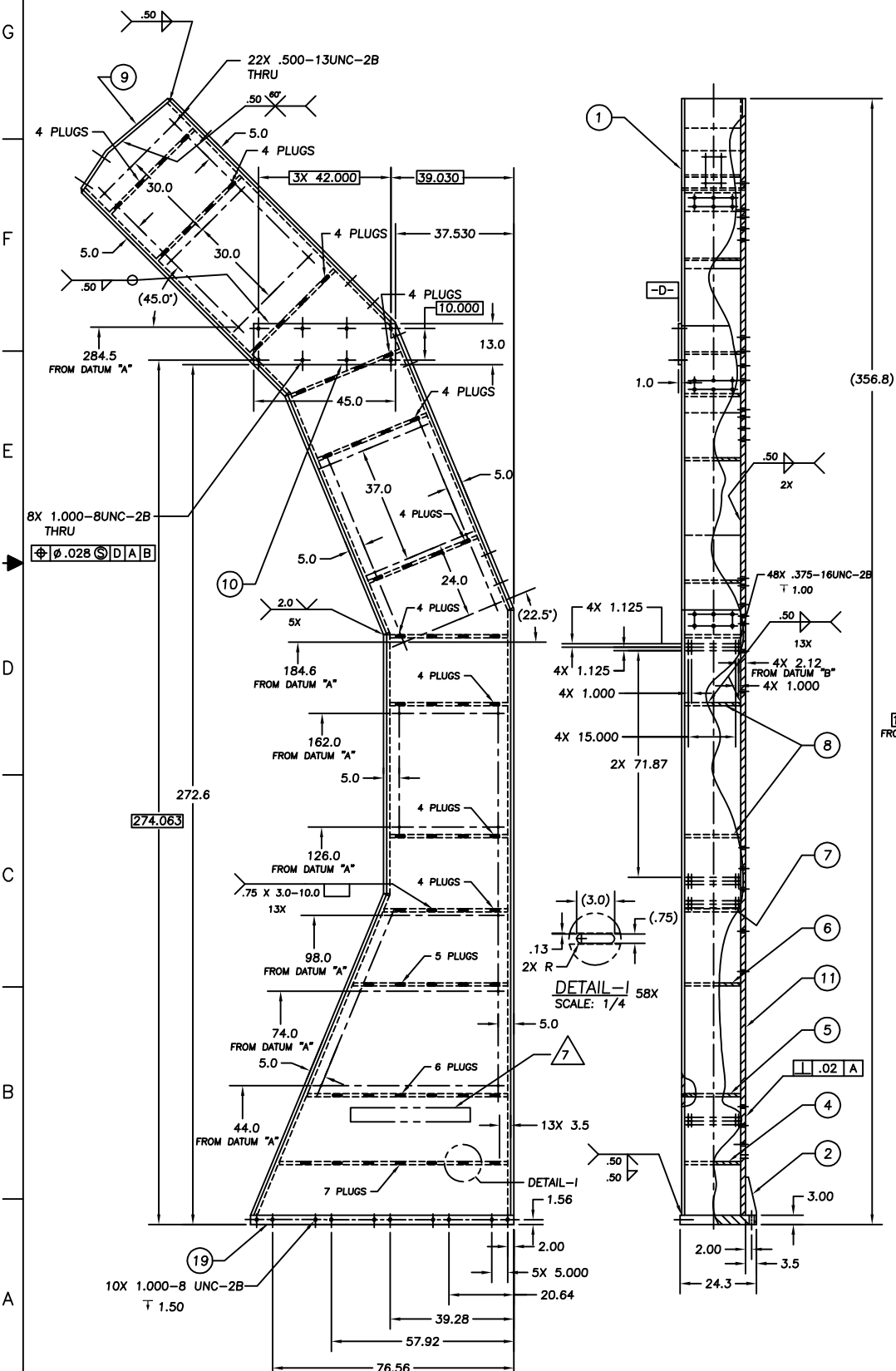


QUANTITY	ITEM NO.	PART NUMBER	DESCRIPTION	REMARKS
2	16	002-0501-301	MOUNTING PIVOT (CARRIAGE)	STEEL
32	15		WASHER, PLAIN 1.5 SIZE	STEEL
32	14		WASHER, PLAIN 1.0 SIZE	STEEL
32	13		SCREW, HEX HEAD 1.50-6 UNC, 6.0 LG.	STEEL, GRADE 8
32	12		SCREW, HEX HEAD 1.00-8 UNC, 6.0 LG.	STEEL, GRADE 8
16	10	002-0501-147	CLAMP BASE	
16	9	002-0501-146	CLAMP, TOWER	
1	8	002-0501-139	HILMAN ROLLER ASSY	
1	7	002-0501-133	HILMAN ROLLER W/GUIDANCE ASSY (RIGHT)	
2	6	002-0501-124	HILMAN ROLLER W/GUIDANCE ASSY (LEFT)	
1	5	002-0501-104	ARM, LEFT, WELDMENT	


1	4	002-0501-103	TOWER, LEFT, WELDMENT (WEST)	
1	3	002-0501-102	ARM, RIGHT, WELDMENT	
1	2	002-0501-101	TOWER, RIGHT, WELDMENT (WEST)	
1	1	002-0501-100	BASE FRAME, WELDMENT	

OUTSTANDING ECN NUMBERS	INTERPRET IN GENERAL ACCORDANCE WITH ASME Y14.24M-1989	<b>RHIC</b> S. MASON 10/29/98	BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN, N.Y. 11973
UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN INCHES DECIMAL TOLERANCES: FRACTIONS ANGULAR TOLERANCES ± °	FINISH NA BREAK SHARP EDGES MAX. 0.3 MIN. .01	TITLE: PHENIX DETECTOR CARRIAGE BASE-ARMS ASSY, WEST	
DRAWING NUMBER: RD002-0501-145		SIZE: E	REV. B
SCALE: 1/16		SHEET 1 OF 1	

1. WELDERS WORKING ON THIS PART OR ANY SUBCOMPONENTS SHALL BE QUALIFIED IN ACCORDANCE WITH AWS D1.1.
2. WELD PROCEDURES AND INSPECTIONS SHALL BE PERFORMED IN ACCORDANCE WITH AWS D1.1 STRUCTURAL WELDING CODE - STEEL.
3. RECORD OF INSPECTION FOR EACH WELD SHALL BE INCLUDED IN QUALITY ASSURANCE DOCUMENTATION.
4. WELDMENT SHALL BE STRESS RELIEVED AFTER WELDING.
- △ MINIMUM MATERIAL REMOVAL REQUIRED.
- △ DETAIL-ITEM No.1 & 11 CAN BE FABRICATED FROM 2 TO 4 PLATES. FULL PENETRATION WELD WITH BACKING PLATES REQUIRED.
- △ STAMP DRAWING NUMBER AND REVISION LETTER APPROXIMATELY WHERE SHOWN IN .50 HIGH CHARACTERS.



	1	19		H.R.PLATE	STEEL ASTM A36
	1	18		H.R.PLATE 2" THK	STEEL ASTM A36
	1	17		H.R.PLATE 2" THK	STEEL ASTM A36
	1	16		H.R.PLATE 2" THK	STEEL ASTM A36
	1	15		H.R.PLATE 2" THK	STEEL ASTM A36
	1	14		H.R.PLATE 2" THK	STEEL ASTM A36
	1	13		H.R.PLATE 2" THK	STEEL ASTM A36
	1	12		H.R.PLATE 2" THK	STEEL ASTM A36
	1	11		H.R.PLATE 1.5" THK	STEEL ASTM A36
	1	10		H.R.PLATE	STEEL ASTM A36
	1	9		H.R.PLATE 1" THK	STEEL ASTM A36
	9	8		H.R.PLATE 1" THK	STEEL ASTM A36
	1	7		H.R.PLATE 1" THK	STEEL ASTM A36
	1	6		H.R.PLATE 1" THK	STEEL ASTM A36
	1	5		H.R.PLATE 1" THK	STEEL ASTM A36
	1	4		H.R.PLATE 1" THK	STEEL ASTM A36
		3			
	4	2		H.R.PLATE 1" THK	STEEL ASTM A36
	1	1		H.R.PLATE 1" THK	STEEL ASTM A36

BILL OF MATERIALS									
OUTSTANDING EDN NUMBERS		INTERPRET IN GENERAL ACCORDANCE WITH ASME Y14.34M-1993				BROOKHAVEN NATIONAL LABORATORY UPTON, N.Y. 11973			
UNLESS OTHERWISE SPECIFIED		DATE S. MASON 11/29/95		TITLE PHENIX DETECTOR CARRIAGE TOWER, LEFT, WELDMENT (WEST)					
DIMENSIONS ARE IN INCHES DECIMAL TOLERANCES FRACTIONS ANGULAR TOLERANCE ± 1°		FINISH AS SUPPLIED AS REQUIRED AS SPECIFIED		SIZE E		DRAWING NUMBER RD002-0501-103		REV A	
125/		BREAK SHARP EDGES MAX. .06 IN. .01		SA CATEGORY: Q-2		SCALE: 1/16		WEIGHT: 22,825 SHEET 1 OF 4	